

Quality Assurance and Improvement Outcomes and Indicators
Clinical Services- Behavioral Services
Individual Review

Domain 2. Individual Planning and Implementation

Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.

Indicators	Results	Guidance	Comments
<p>*2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan. Note: Issues related to the Risk Issues Identification Tool are addressed at Outcome 2.C..</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>A behavior assessment has been completed by a behavior analyst.</p> <p>Provider Manual Reference: 3.3.a.; 3.5.; 3.7.a., b.; 3.9.; 3.11.d.; 3.12.; 12.3.; 12.12</p>	
<p>2.A.5. The plan includes individualized supports and services to address the person's needs.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>Behavior interventions are incorporated into a behavior plan (BSP) or behavior maintenance plan (BMP to address the person's individualized needs as recorded in the ISP.</p> <p>All plans are currently approved by an appropriately constituted Behavior Support Committee.</p> <p>Source: ISP entries and the behavior plan.</p> <p>Provider Manual Reference: 3.3.a.; 3.5.; 3.7.a., b.; 3.11.d.; 3.12.; 12.3.; 12.12.</p>	

Outcome 2B. Services and supports are provided according to the person's plan.

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Indicators	Results	Guidance	Comments
*2.B.2. The person's plan is implemented in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Services, plans and programs are developed and implemented according to time frames identified in the person's ISP (or there is documentation to support the extension of a timeframe and the need to update this in the ISP).</u></p> <p>Source: Clinical Service Monthly Review indicating implementation date of the plan.</p> <p>Provider Manual Reference: 3.17.b.</p>	
*2.B.3. The person receives services and supports as specified in the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Services are consistently provided in a timely fashion, and in the approved amount, frequency, intensity and duration identified in the person's Individual Support Plan.</u></p> <p>Discrepancies in approved units versus delivered units are identified and explained.</p> <p>Recommendations are made as needed to reduce discrepancies.</p> <p>Source: Clinical Service Monthly Review, including projected and delivered services, explanations, recommendations.</p> <p>Provider Manual Reference: 6.11.</p>	
2.B.5. Provider documents provision of services and supports in accordance with the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Contact notes are written for each visit in accordance with the requirements in the DMRS Provider Manual.</u></p> <p>The Behavior Provider's contact notes indicate time-in and time-out.</p> <p>Each contact note must contain:</p> <ol style="list-style-type: none"> 1. The name of the service recipient; 	

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2. The time the service began and ended;
3. The purpose of the contact, including the ISP action step or outcome addressed;
4. The type of services provided;
5. Any training provided to direct support staff or instruction provided to the service recipient or family;
6. Data collected or reviewed by the behavior service provider to evaluate progress in achieving action steps or outcomes, including assessment of the service recipient's response to implementation of staff instructions and behavior services;
7. Plans for follow-up actions, changes in staff instruction and/or changes in the behavior plan;
8. Units of service used during the contact period;
9. Clinical service practitioner name, credentials and date of contact.

Source: Clinical Service Monthly Review. Behavior Provider's contact notes in Behavior Provider file. Sign-in and sign-out documentation in the Staff Communication Notes or other designated area.

Provider Manual Reference:
3.17.b.; 8.9.e.;12.17.

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Outcome 2C. Individual risk is assessed and adequate, timely intervention is provided.

Indicators	Results	Guidance	Comments
2.C.1. Individual risk (e.g., physical, behavioral) is assessed.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider completes the Risk Issues Identification Tool prior to completion of the annual ISP or whenever needed to address emerging needs or amend current support and interventions.</p> <p>Source: Risk Issues Identification Tool for Assessment and Risk Analysis/Planning Tool completed. BSP, BMP, or CPP; Clinical Service Monthly Reviews for information about addressing the issues.</p> <p>Provider Manual Reference: 3.9.; 3.12.b.; 8.9.d.7.</p>	

Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.

Indicators	Results	Guidance	Comments
*2.D.6. Provider documentation indicates appropriate monitoring of the plan's implementation.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The monthly review includes:</p> <ol style="list-style-type: none"> 1. The name of the service recipient; 2. The dates of services provided; 3. The service recipient's response to the service; 4. A description of any staff training or changes in written staff instructions intended to alter the provision of direct support services since the previous month including the reasons such alterations were made; 5. Any recommendations for changes to the ISP; 6. Any significant health-related or medical events occurring since the last review; and 7. The signature and title of the person completing the monthly review, with 	

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		<p>the date the monthly review was completed.</p> <p>In addition, clinical monthly review must contain:</p> <ol style="list-style-type: none"> 1. The number of visits scheduled for the month and the number of visits that actually occurred; 2. An explanation of the reason for any missed visits or units of services that were approved, but not used; 3. Conclusions as to whether the clinical service plan of care is meeting the service recipient's needs; 4. Recommendation to either continue to implement clinical services without change or to initiate revision, modification or amendment to the ISP and clinical services plan of care; 5. Recommendations for continuation, reduction or increase in service units or discharge from clinical services as appropriate; 6. Documentation of any staff training provided during the month, and/or planned for the following month; and 7. The clinical service practitioner signature and credentials with the date the monthly review was completed. <p>Discharge summaries are completed in accordance with the requirements in the Provider Manual.</p> <p>Provider Manual Reference: 3.18.a.; 3.18.b.</p>	
2.D.7. The provider informs the ISC of emerging risk issues or other indicators of need for revision to the individual plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Documentation reflects the ISC is notified when there are issues which may impact the continued implementation or appropriateness of an ISP action, and the provider follows the issue to resolution.</p> <p>The standard Clinical Service Monthly</p>	

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		<p>Review is completed and submitted to the ISC and Regional Behavior Analyst Director by the 20th calendar day following the month for which the review was completed.</p> <p>The BA is responsible for carefully reviewing the final ISP and notifying the ISC of any inaccurate, conflicting or missing information.</p> <p>Source: Clinical Service Monthly Review.</p> <p>Provider Manual Reference: 3.18.a.; 3.18.b.; 8.9.f.</p>	
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Domain 4. Rights, Respect and Dignity

Outcome 4D. Restricted interventions are imposed only with due process.

Indicators	Results	Guidance	Comments
*4.D.3. Restricted interventions are reviewed and/or approved by the Behavior Support and Human Rights Committees.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The behavior provider presents a BSP with restricted interventions to a properly constituted BSC and HRC for review and approval.</p> <p>Source: BSP approval as evidenced by signature sheet; HRC approval as evidenced by signature sheet; consent to participate as evidenced by signed informed consent.</p>	

Domain 9. Provider Capabilities and Qualifications

Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements.			
Indicators	Results	Guidance	Comments
9.A.3. The provider maintains appropriate records relating to the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider complies with appropriate DMRS requirements related to service recipient records.</p> <p>Provider Manual Reference: Chapter 8.</p>	

Domain 10: Administrative Authority and Financial Accountability

Outcome 10A. Providers are accountable for DMRS requirements related to the services and supports that they provide.

Indicators	Results	Guidance	Comments
*10.A.1. The agency provides and bills for services in accordance with DMRS requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Review of documentation and billing</u> Documentation reviewed supports billing. Provider Manual Reference: 8.9.e.; 20.6.b.	